

CHAPTER 1 SECTION 3.1

HOME SERVICES

Issue Date: March 3, 1992

Authority: [32 CFR 199.4\(c\)\(2\)\(iv\)](#) and [\(e\)\(12\)\(ii\)](#)

I. PROCEDURE CODE RANGE

90801, 90802, 90804 - 90815, 90847, 90862, 99341 - 99350

II. DESCRIPTION

Visits provided by an individual professional provider for beneficiaries who are homebound.

III. POLICY

A. Home visits are covered when provided by an individual professional provider for the diagnosis or treatment of a covered condition for beneficiaries who are homebound or whose condition is such that home visits are indicated.

B. If the patient has been determined to be receiving custodial care, **those home visits which are specifically related to the treatment of the custodial care conditions are covered only as follows:**

1. **When provided by a visiting nurse, such visits may be covered up to one hour per day for skilled nursing care.**

2. **When provided by a physician, may be covered up to twelve (12) visits per calendar year (not to exceed one per month). Note that physician visits, regardless of the place of services, will be limited to this calendar year maximum when the treatment is of the custodial care condition. Physician visits for other than the custodial care condition are not limited to this calendar year maximum.**

C. **See Chapter 13, Section 3.10 for Skilled Nursing Care other than custodial care.**

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